

RETURN THIS APPLICATION TO:

KY State Board of Hairdressers & Cosmetologists
111 St. James Ct., Suite A
Frankfort, KY 40601
(502) 564-4262

RESTORATION
EXAMINATION APPLICATION

<u>Applicant Type</u>	<u>Exam Fee</u>
<input type="radio"/> Cosmetologist	\$75.00
<input type="radio"/> Nail Technician	\$75.00
<input type="radio"/> Esthetician	\$125.00
<input type="radio"/> Cosmetology Instructor	\$100.00

All Restorations must successfully complete the Practical examination, with the exception of Cosmetology Instructors. Instructors Must complete both the Written and Practical portions of the examination.

After successful completion of the examination, you will be required to pay the restoration fee to obtain the license. See fees below.

Cosmetologist & Nail Technician \$ 75.00
Esthetician \$ 125.00
Cosmetology Instructor \$ 100.00

Examination fee must be submitted with this application
***Payment must be in the form of a Money Order, Cashiers Check or
Cash (Correct Change Only). No personal or business checks accepted***
*** No Refund of Examination Fees Made Unless Application is Denied***

**YOU WILL BE NOTIFIED OF YOUR DATE AND TIME TO REPORT FOR EXAMINATION FOLLOWING THE
EXAMINATION DEADLINE.**

Full Name of Applicant _____
(First) (Middle) (Maiden) (Last)

Address _____
(Street Address) (City) (State) (Zip Code)

Social Security Number _____ Daytime Phone Number _____

Date of Birth _____ ☐ Male ☐ Female Email Address _____

Cosmetology School Attended: _____
(Name & Address of School)

Have you been convicted of a felony that has not previously been reported to the Board? ☐ YES (documentation must be attached)
☐ NO

Are you in default on any loan obligation issued by the KY Higher Education Assistance Authority (KHEAA)? ☐ Yes ☐ No

Signature of Applicant

This Application Must Be Notarized

State of _____ County of _____

Before me personally appeared _____
Whose signature and photograph are affixed to this application, and made oath
and says that all the foregoing statements are true and correct.

Subscribed and sworn before me this _____ day of _____

Notary Public, in and for _____ County, State of _____

Notary Public

Commission Expires _____

ATTACH 2 X 2 HEADSHOT
PHOTOGRAPH
HERE
NO PAPER COPIES!!
PHOTO QUALITY PAPER
ONLY!

Revised April 21, 2010